2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006757

1. Entity Name
THE GAGNON ART FOUNDATION, INC.

Principal Place of Business	Mailing Address
1844 N. NOB HILL RD. #226 PLANTATION, FL 33322	1844 N. NOB HILL RD. #226 PLANTATION, FL 33322

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02032006 No Chg-NP CRZE037 (11/05)

4. FEI Number
20-1408468
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, BRADLEY S
10000 STIRLING RD.
SUITE 1
COOPER CITY, FL 33024

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAGNON, MARC
STREET ADDRESS	P.O. BOX 8776
CITY-ST-ZIP	CORAL SPRINGS, FL 33075
TITLE	DFO
NAME	KEYVAN, JUBIN
STREET ADDRESS	10211 W. SAMPLE RD. #211
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DV
NAME	PALMA, JOSEPH
STREET ADDRESS	128 LAKE STREET
CITY-ST-ZIP	BROOKLYN, NY 11223
TITLE	DT
NAME	TYMAN, STEVEN J
STREET ADDRESS	2 S. UNIVERSITY DR.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	GAINES, JOANNE
STREET ADDRESS	5599 S. UNIVERSITY DR.
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D
NAME	ESCOBAR, NOEL
STREET ADDRESS	4420 S.W. 77TH AVE.
CITY-ST-ZIP	DAVIE, FL 33328

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02/23/06-80040-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marc K. Gagnon 2/10/06 954 349-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marc K. Gagnon, PD